

## Washington State Board of Tax Appeals Response to Notice of Appeal

**I respond as follows to the Notice of Appeal filed on the decision of the**  
 \_\_\_\_\_ County Board of Equalization on Petition Number  
 \_\_\_\_\_ .

State Board Docket Number

Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Describe Property: \_\_\_\_\_

Value Set by the County Board		Respondent(s) Estimate of Value	
Land	\$	Land	\$
Improvements/Buildings	\$	Improvements/Buildings	\$
Personal Property	\$	Personal Property	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

**In presenting my case, I intend to do one or more of the following:**

- Rely on the materials presented at the County Board of Equalization (County Board) hearing.
- Provide new comparable sales information.
- Provide information supporting an income approach to value.
- Provide information supporting a cost approach to value.
- Other \_\_\_\_\_

Materials supporting your approach to value can be attached to this Response or sent no later than ten business days before your scheduled hearing date, unless ordered otherwise by the Board. The County Board will send the State Board a copy of the materials that were submitted at the County Board hearing.

▶ <b>Respondent(s) Signature</b> (If not represented by Attorney or CPA)	Print Name		
Mailing Address – Street	City	State	Zip Code
Daytime or Message Telephone Number (      )	E-Mail Address		

▶ <b>Representative's Signature</b> (If any)	Print Name		
Bar Number or Certified Public Account License Number    ➡			
Mailing Address – Street	City	State	Zip Code
Daytime or Message Telephone Number (      )	E-Mail Address		

# Instructions

▶ Refer to WAC 456-09-335 or 456-10-335 for more information about a Response.

▶ Send the *Response to Notice of Appeals* to:

**Mailing Address:** Board of Tax Appeals  
P.O. Box 40915  
Olympia WA 98504-0915

OR

**Delivery Address:** 910 - 5th Avenue S.E.  
Olympia WA 98501

**Note:** For fax instructions, see WAC 456-09-345 or 456-10-410.

*Fax:* 360-586-9020.

▶ Deliver a copy of your Response to the other parties in this appeal.

## Questions?

If you have questions concerning this form, or would like to request this form in an alternate format, contact the Board of Tax Appeals at 360-753-5446 (Voice/TDD); [bta@bta.state.wa.us](mailto:bta@bta.state.wa.us) (e-mail); or write to:

Board of Tax Appeals  
P.O. Box 40915  
Olympia, WA 98504-0915

For more information, visit the Board's web site at <http://bta.state.wa.us>.

**Please sign the Certification below. See WAC 456-09-345 or 456-10-410.**



Board of Tax Appeals  
P.O. Box 40915  
Olympia WA 98504-0915

## PROOF OF SERVICE CERTIFICATION

**If the Taxpayer is filing this Response:**  
I certify that I mailed or delivered a copy of this Response to the \_\_\_\_\_ County Assessor.

**If the County Assessor is filing this Response:**  
I certify that I mailed or delivered a copy of this Response to the taxpayer.

**If any other parties are involved in this Appeal:**  
I certify that I mailed or delivered a copy of this Response to the following parties, whose name, address, and telephone number are as follows:

Name	Address	Telephone Number
_____	_____	( ) _____
_____	_____	( ) _____
_____	_____	( ) _____
_____	_____	( ) _____

<b>Signature of Respondent or Representative</b>	<b>Date</b>
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